



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

MANUEL RAMIREZ MD
9080 HARRY HINES SUITE 110
DALLAS TX 75235

Respondent Name

CITY OF DALLAS

Carrier's Austin Representative Box

Box Number 43

MFDR Tracking Number

M4-10-2346-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Insurance Carrier denied payment on code. This is an unlisted code and payment should not be included with payment of anesthesia charges. We provided the necessary information in reconsideration explaining the reason for use and expected payment for this code. We have attached copies of explanation of benefits from Texas Mutual (See attachment 1) where this code has been paid on a patient and also copy of Medicare remittance notice (see attachment 2) where this code has been paid on two different patients. Code should also be paid on Worker's Compensation claims since payment based on Medicare guidelines. "

Amount in Dispute: \$106.25

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The City correctly denied reimbursement for CPT Code 31599." "Per Medicare Correct Coding Guides the service in dispute is included in the anesthesia performed (CPT Code 01400). The Guides clearly state that 'Anesthesia HCPCS/CPT codes include all services integral to the anesthesia procedure...Examples of integral services include, but are not limited to, the following...uryngoscopy (direct or endoscopically) for placement of airway (endotracheal tube, etc.).' The Guides are attached hereto as supporting evidence. Placing a '59' modifier on a service code does not make the service a separately reimbursable procedure when that service is included in the reimbursement for another procedure."

Response Submitted by: Harris & Harris, P.O. Box 91569, Austin, TX 78709-1569

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 29, 2009	CPT code 31599-59	\$106.25	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, set out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated April 27, 2009

- 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

Explanation of benefits dated May 20, 2009

- Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- Notes: DUP DCN #2621377-VISUALIZATION OF THE AIRWAY IS A COMPONENT OF AN ENDOTRACHEAL INTUBATION, AND CPT CODE SHOULD NOT BE REPORTED WITH AN ENDOTRACHEAL INTUBATION. REFER RI MEDICARE RULES.

Issues

1. Did the respondent support denial of reimbursement based upon "97"?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b)(1), states "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

The requestor billed CPT code 31599-59 defined as "Unlisted procedure, larynx". The requestor indicated on the bill that this code was used for fiberoptic intubation.

The respondent initially denied reimbursement for CPT code 31599-59 based upon "97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."

A review of the submitted bill indicates that on the disputed date of service the requestor billed CPT codes 01400-P3-AA, 94680, 94770, and 31599-59.

The requestor states in the position summary that "This is an unlisted code and payment should not be included with payment of anesthesia charges. We provided the necessary information in reconsideration explaining the reason for use and expected payment for this code. We have attached copies of explanation of benefits from Texas Mutual (See attachment 1) where this code has been paid on a patient and also copy of Medicare remittance notice (see attachment 2) where this code has been paid on two different patients."

The Division finds that on the example provided by the requestor (attachment 1), the insurance carrier paid for CPT code 31599-59, but denied reimbursement for the anesthesia. In this dispute, the insurance carrier paid for the anesthesia services but not CPT code 31599-59. The requestor has not supported position that they typically receive payment for both services provided on the same date.

Per 2009 NCCI Policy Manual for Anesthesia Services,

"Anesthesia HCPCS/CPT codes include all services integral to the anesthesia procedure such as preparation, monitoring, intra-operative care, and post-operative care until the patient is released by the anesthesia practitioner to the care of another physician. Examples of integral services include, but are not limited to, the following: Placement of external devices including, but not limited to, those for cardiac monitoring, oximetry...; Placement of peripheral intravenous lines for fluid and medication administration; Placement of airway (e.g., endotracheal tube, orotracheal

tube); Laryngoscopy (direct or endoscopic) for placement of airway (e.g., endotracheal tube)..."

"The NCCI contains many edits bundling standard preparation, monitoring, and procedural services into anesthesia CPT codes. Although some of these services may never be reported on the same date of service as an anesthesia service, many of these services could be provided at a separate patient encounter unrelated to the anesthesia service on the same date of service. Providers may utilize modifier 59 to bypass the edits under these circumstances."

"CPT Codes describing services that are integral to an anesthesia service include, but are not limited to, the following: 31505, 31515, 31527 (Laryngoscopy) (Laryngoscopy codes describe diagnostic or surgical services)."

A review of the requestor's billing indicates that he utilized modifier -59 to delineate that CPT code 31599-59 was a separate service from the anesthesia services billed under code 01400-P3-AA. The documentation does not support that CPT code 31599-59 was provided at a separate patient encounter unrelated to the anesthesia service on the same date of service. Therefore, modifier 59 is not supported.

Per NCCI Manual, the intubation is integral to the anesthesia procedure; therefore, CPT code 31599-59 is global to anesthesia services. Therefore, the respondent denial of 97 is supported.

2. Review of the submitted documentation finds that the requestor did not support billing for code 31599-59 in conjunction with 01400-P3-AA; therefore, reimbursement cannot be recommended.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support the reimbursement amount sought by the requestor. The Division concludes that the requestor failed to support its position that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

4/05/2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.